

Fill in this information to identify the case:

Debtor 1 Courtney Ragin Franklin
Debtor 2 _____
United States Bankruptcy Court for the Eastern District of PA
Case number 18-14959-amc (State)

Form 4100S

Supplemental Proof of Claim for CARES Forbearance Claim

02/21

This Supplemental Proof of Claim is filed in compliance with the requirements of 11 U.S.C. § 501(f)(1) as the Debtor was granted a forbearance under the CARES Act (15 U.S.C. § 9056 or 9057). "Creditor" in this form means "eligible creditor" under 11 U.S.C. § 501(f). File this form as a supplement to your proof of claim.

Name of creditor: Pennsylvania Housing Finance Agency

Court claim no. (if known):
5

Last 4 digits of any number you use to identify the debtor's account: 6 8 7 4

Property address: 726 South 55th Street
Number Street

Philadelphia PA 19143
City State ZIP Code

Part 1: Amount of Loan That Was Not Received During Forbearance Period

List of payments not received during forbearance period:

Date: <u>11/01/2020</u>	Amount: <u>\$623.00</u>	Date: _____	Amount: _____
Date: <u>12/01/2020</u>	Amount: <u>\$619.02</u>	Date: _____	Amount: _____
Date: <u>01/01/2021</u>	Amount: <u>\$619.02</u>	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____

Total of payments due under the forbearance: \$1,861.04

Part 2: Information About Agreement to Modify or Defer Loan Obligation

Have the Debtor and Creditor entered into an agreement to modify or defer the loan obligation in connection with the forbearance?

Yes. Include the information required by 11 USC § 501(f)(2)(B)(i)-(iii) and attach copies of the writing outlining the modification or deferral:

- The loan was modified as follows:
- The amount of forborne payments and the deferral date:

No. Debtor or their counsel should contact the Creditor about any resolutions that may be available to the Debtor.

Part 3: Sign Here

The person completing this form must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box::

I am the creditor.
 I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.

X /s/ Leon P. Haller

Signature

Date 05 /28 /2021

Print Leon P. Haller
First Name Middle Name Last Name

Title Bankruptcy Attorney

Company Purcell, Krug & Haller

Address 1719 North Front Street
Number Street

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City State ZIP Code

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